

UNITED STATES BANKRUPTCY COURT <u>IDAHO</u> DISTRICT OF <u>IDAHO</u>		PROOF OF CLAIM
Name of Debtor PERRITTE, JAMES CLINIT		Case Number 01-01998
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): FDS Bank - Bon Marche		<div style="text-align: center;">U.S. COURTS</div> <div style="text-align: center;">2001 JUL 16 PM 3:58</div> <div style="text-align: center;">RECD. CLERK'S OFFICE FEDERAL DISTRICT COURT IDAHO</div> <div style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</div>
Name and address where notices should be sent: TSYS TOTAL DEBT MGMT, INC., PO BOX 6700 NORCROSS, GA 30091		
Telephone number: (800) 209-9161		
Account or other number by which creditor identifies debtor: 6500076277151		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2. Date debt was incurred: 07/06/93		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 459.01		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries or commissions (up to \$4,300.). *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507 (a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to government units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraphs of 11 U.S.C. § 507 (a) (____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date 07/12/01	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Shkolnik TSYS TOTAL DEBT MGMT, INC.	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

S T A T E M E N T O F A C C O U N T S

TODAY'S DATE 07/12/01

CREDITOR:

ID 6500076277151
FDS Bank - Bon Marche
PO BOX 6700
NORCROSS, GA 30091

DEBTOR:

ID 066786478
PERRITTE, JAMES CLINIT
9273 W CALICO ST
BOISE ID 83709

DEBTOR SSN#	BANKRUPCY CASE	PLACED	TDM FILE#	DEBITS	CREDITS
549-31-0388	01-01998	07/11/01	066786478	459.01	

BALANCE AS OF 07/03/01 \$459.01